

PARKS & RECREATION DEPARTMENT
YOUTH SCHOLARSHIP FUND APPLICATION



The Wheeling Parks & Recreation Department maintains a fund to help Ohio County youth who do not have the financial means to participate in recreation programs. Every effort will be made to accommodate your request. Qualifying applicants may only be required to pay a portion of the fee according to their financial ability.

PLEASE PRINT

Parent/Guardian's Name: _____ DOB: ____ / ____ / ____
 Relationship to Child: _____
 Address: _____
 City, State, Zip: _____
 Phone: (Home) _____ (Cell) _____
 Email: _____

EMPLOYMENT

Father/Guardian Employment: _____ (W) Phone: _____
 Mother/Guardian Employment: _____ (W) Phone: _____

**ABSOLUTELY NO SCHOLARSHIP REQUEST WILL BE CONSIDERED WITHOUT THE APPLICANT
 SUBMITTING VERIFICATION OR PROOF OF BEING A RECIPIENT OF ANY LISTED BELOW:**

Family's Monthly Gross Income: \$ _____ Size of Family: _____

I FEEL THAT I AM ELIGIBLE FOR ASSISTANCE BECAUSE I HAVE BEEN APPROVED FOR:

- | | |
|--|--|
| <input type="checkbox"/> UNEMPLOYMENT | <input type="checkbox"/> PUBLIC HOUSING/ENERGY ASSISTANCE |
| <input type="checkbox"/> EBT/SNAP/WIC | <input type="checkbox"/> SS OR SSI AS PRIMARY SOURCE OF INCOME |
| <input type="checkbox"/> CHILD CARE ASSISTANCE | <input type="checkbox"/> OTHER (explain): _____ |

*Please provide necessary documentation for each item checked.

REQUESTED ACTIVITY/ASSISTANCE

| |
|---|
| Participant's Name: _____ DOB: ____ / ____ / ____ Activity Name: _____ Age Group: _____ Activity Fee: \$ _____ T-Shirt Size: _____ #: _____ Equipment Need: \$ _____ Amount Participant Can Pay: \$ _____ OR % _____ Please list any allergies/medical conditions: _____ _____ |
| Participant's Name: _____ DOB: ____ / ____ / ____ Activity Name: _____ Age Group: _____ Activity Fee: \$ _____ T-Shirt Size: _____ #: _____ Equipment Need: \$ _____ Amount Participant Can Pay: \$ _____ OR % _____ Please list any allergies/medical conditions: _____ _____ |

Have you ever applied for a scholarship with City of Wheeling P & R? Circle one – Yes or No
If yes, when? _____

How did you hear about our Scholarship Program? _____

I, _____ acknowledge that I have read and fully understand the information on registration guidelines and city policies. I realize inherent risks could be involved in these programs. Therefore, I shall not hold the City of Wheeling or its employees liable for injuries that might occur during these supervised programs. In the event of a program/event cancellation the participant will be credited the full amount of the program(s) for which you were approved.

Parent/Guardian's Signature: _____ Date: _____

Please return completed application and necessary documentation to:

City of Wheeling, Parks & Recreation Department
Attn: Youth Scholarship Fund Application
1500 Chapline Street
Wheeling, WV 26003

Or email: Recreation@wheelingwv.gov

FOR OFFICE USE ONLY:

Activity/Program Approved: _____

Date Participant is notified for approval: ____ / ____ / ____ Staff Initials: _____

Amount to be paid by the Participant: \$ _____ Must be paid by (Date): ____ / ____ / ____

Date Paid: ____ / ____ / ____

Manner in which payment will be made: Circle one – VISA MC CASH CHECK #: _____ OTHER: _____

Approved for payment plan? Circle one – Yes or No

Payment plan details: _____

Additional Comments: _____

Staff Approval Signature: _____ Date: ____ / ____ / ____